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CONTRA COSTA
HEALTH SERVICES
HAZARDOUS MATERIALS PROGRAMS

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CONTRA COSTA HEALTH SERVICES

COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C I N

Received Date: 6-7-16 Received Time: 1300 Received By: MJH Lead: MJH

Incident Date: ? Incident Time: ? Assigned to: _____ Assigned Date: _____

CASE NUMBER: 160607-02

COMPLAINANT / REPORTING PARTY:

Name: Deputy M. Lewis RP is from Facility Anonymous

Organization: S.D.

Primary Phone Number: 7073861610 Secondary Phone Number: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

FACILITY / LOCATION OF INCIDENT:

Name: (on street) CUPA Facility I.D.: _____

Phone Number: _____

Address: 320 Pittsburg Ave Unit: _____

City: Richmond State: CA Zip Code: _____

Location Description: _____

INITIAL INCIDENT DESCRIPTION:

Abandoned drum of used oil (55g)

INCIDENT TYPE / DESCRIPTION:

Community Warning System Level (Circle Highest Level): N/A 0 1 2 3

| FACILITY | ISO / MCAR | TRANSPORTATION | MISCELLANEOUS |
|---|---|--|--|
| <input type="checkbox"/> Fire or Explosion <input type="checkbox"/> Spill or Release <input type="checkbox"/> Startup or Shutdown <input type="checkbox"/> Flaring <input type="checkbox"/> Upset | <input type="checkbox"/> Fatality (one or more) <input type="checkbox"/> > 24 hrs. Hospital, 3 or more people <input type="checkbox"/> Flammable Vapor Cloud > 5,000 lbs. | <input type="checkbox"/> Tank Truck <input type="checkbox"/> Railroad <input type="checkbox"/> On Water <input type="checkbox"/> Pipeline <input type="checkbox"/> Fuel Tank | <input checked="" type="checkbox"/> Storm Drain/Creek <input type="checkbox"/> Drug Lab <input checked="" type="checkbox"/> Disposal/ <u>Abandonment</u> <input type="checkbox"/> Odor Complaint <input type="checkbox"/> Other: |

Time Enroute to Scene: _____ Time Arrived On Scene: _____ Time Departed From Scene: _____

REFERRED TO OTHER AGENCY:

D.A. for enforcement

DTSC STATE FUNDING (if applicable):

CLU/ERER Number: _____

STORMWATER STATUS (if applicable):

Actual Discharge Potential Discharge



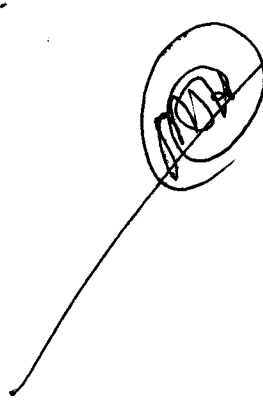
AGENCIES ON SCENE OR NOTIFIED:

| Agency Type | Agency | O/N | Contact Person | Phone Number | Case Number |
|-----------------|--------|-----|----------------|--------------|-------------|
| Fire Department | | | | | |
| Law Enforcement | S.O. | | LEWIS | 7073861610 | |
| Air District | | | | | |
| State OES | | | | | |
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REPORT:

6-7-16 CCHS rec'd call from Deputy Lewis reporting an abandoned 55 gallon drum of presumed used oil.
 S11 + S20 responded to scene. Picked up drum. Transported to CCHS secured storage area. Completed Clor-D-Tect 1000 and Clor-n-Oil 50 tests - Negative
 Drum in holding HW area @ HazMat SH - lead



Additional Required Items: Bill of Lading, Request for Invoice, and Site Safety Plan

Report Prepared by:

